

## REAL ESTATE EDUCATION COMPLAINT FORM

Your Name		
Address		
City	State	Zip
Work Telephone No. ()	Home Telephone No. ()	
COMPLAINT INFORMATION		
Please complete the following informatio complaint.	n concerning the individual against whom y	you wish to register this
Administrator/Instructor Name(s)		
School Name		
Address		
City	State	Zip

Please attach a written explanation. You should address your complaint fully, giving dates and details. Your response should be prepared in the order the events occurred.

With the explanation of your complaint, please provide copies of all documents you may have relating to the complaint.

You will be kept informed of any investigation or action taken by this office.

If you have any questions regarding this form, please feel free to contact our office at (360) 664-6484.

*Please note*: The authority of the Department of Licensing is limited to taking disciplinary action to withdraw course content approval, course delivery method approval, instructor approval, and school approval. We do not have the authority to recover funds, award damages, or make judicial determinations, nor do our remarks constitute legal opinion.